X-Ray Technician Bone Densitometry Permit Application

Failure to use your full legal name may result in your application or examination being denied.

Last Name	First Name	Middle Name	
Social Security Number	Phone Number	Date of Birth	
Street or P.O. Box number	City	State	ZIP Code

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number is mandatory. The social security number will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes. This information may also be provided to the American Registry of Radiologic Technologist for examination purposes. For information or access to your records, contact the Chief of the Certification Unit at the California Department of Health Services, Radiologic Health Branch, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

Complete and return this form along with:

- ☐ A copy of your Bone Densitometry School graduation diploma,
- ☐ The non-refundable application fee of $75.00 in the form of a check or money order made payable to *CDHS-RHB* (California Department of Health Services – Radiologic Health Branch), and
- ☐ The non-refundable examination fee of $100.00 in the form of a cashier's check or money order made payable to *American Registry of Radiologic Technologists.* (The ARRT will not accept either personal or business checks.)

I certify that the information provided with this application is true and correct. I understand that the California Department of Health Services may revoke permits that are procured by fraud, misrepresentation, or mistake, or for the nonpayment of fees. Further, I am aware that it is unlawful to use X-rays on human beings in this state unless I have been granted a permit pursuant to the Radiologic Technology Act, I am acting within the scope of that permit, and I am acting under the supervision of a licentiate of the healing arts who is a certified supervisor or operator.

Signature	Date

Mail completed application, copy of diploma, and fees to:

Certification Unit
California Department of Health Services
Radiologic Health Branch, MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414

We will notify you by mail of your status within 30 days. If your application is accepted, we will notify the American Registry of Radiologic Technologists to mail you their instructions for scheduling an examination. Please read those instructions carefully and understand them fully. Your examination fee can not be refunded.